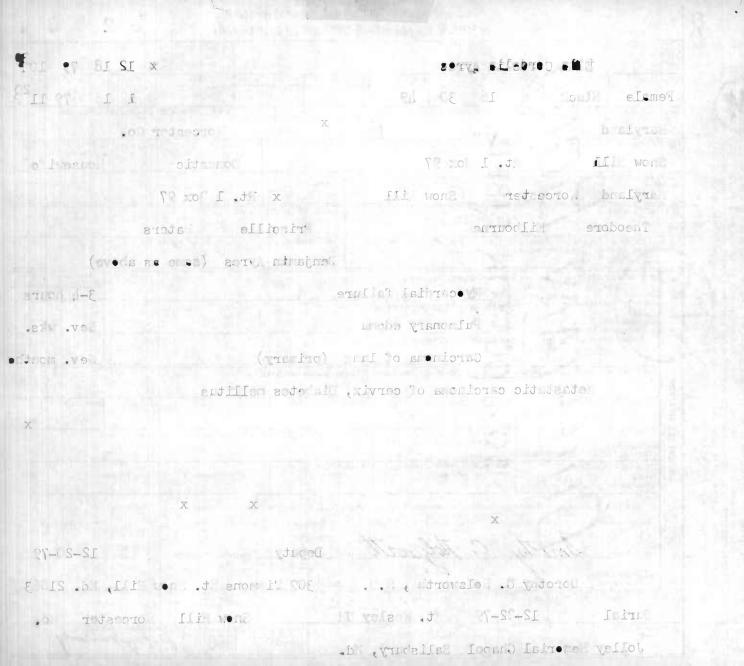
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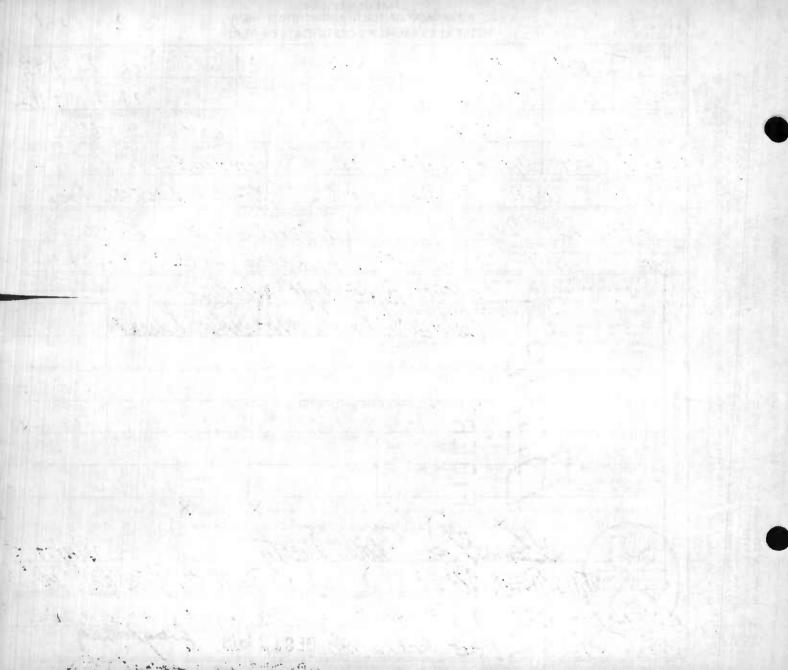
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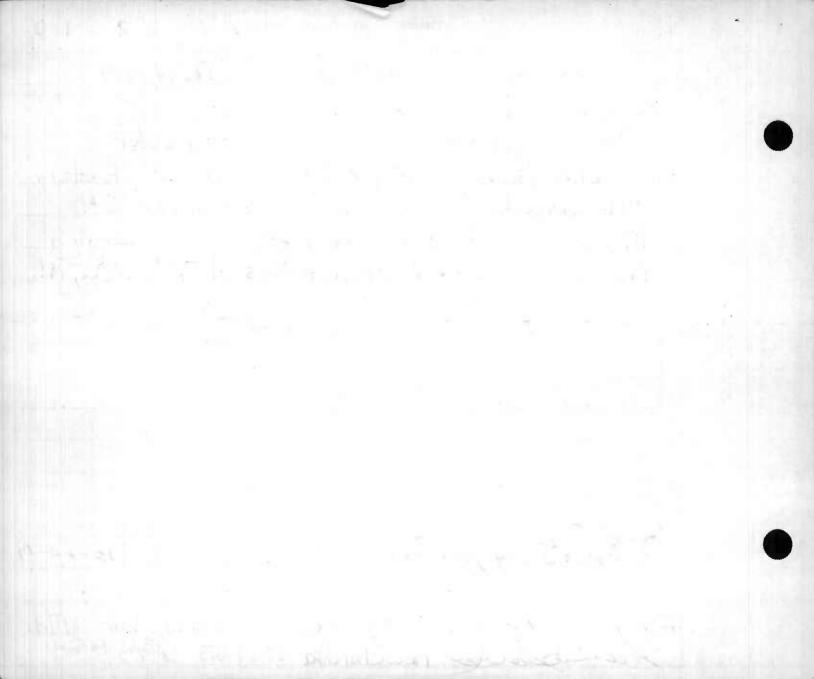
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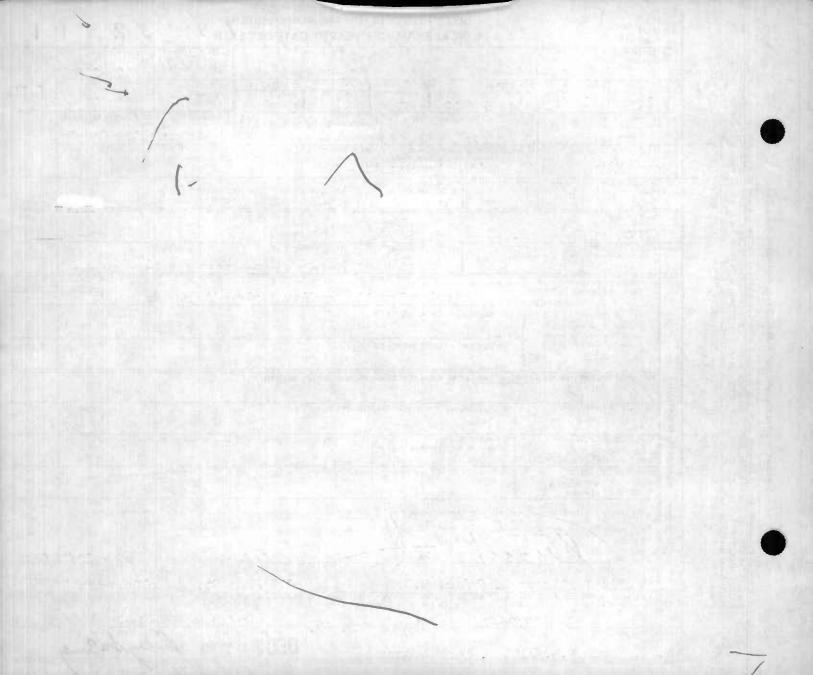
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN TO MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Mi chael Francis 22 19 79 AGE IN YEARS IF UNDER 1 IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY PRONOUNCED 1:20A DEAD APRIL 22 1979 Male White 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED NEVER MARRIED DIVORCED X Worcester County, A 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH OR INDUSTRY OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ITCHEN LPER south of Basket Switch Rd Newark 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS USSEX YES DA NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Blunt injury to trunk DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF P PRIOR TO BURIAL, C YES 1 NO 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING E OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 2.7 (14 7) driver in auto/auto impact 2) e PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED MDATE STREET, FACTORY, FARM, ETC.) WHILE AT WORK BasketSwitch Rd. Newark . Worcester street DIRECTOR: and in my opinion 22a. I certify that I took charge of the remains described above, held an Inspection Accident XX Homicide Undetermined monner death resulted from: Natural causes CGE 4 SHOULD STEED DIRE TITLE (SPECIFY) MD Assistant MEDICAL EXAMINER 12/22/79 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St. Balto. MD. TYPE OR PRINT) AF OA **DHMH - 17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

(VRA 15, 4) 7/78



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 70 DATE KNOWN TO DECEASED NAME FIRST 2h. HOUR MONTH OF ESTI-DEATH MATED (TYPE OR PRINT) FUNERAL BIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS. W. PRESTON STREET, 2219 Lewis Robert 6. AGE (IN YEARS IF UNDER 24 HRS 3. SEX 4 RACE DATE OF BIRTH DATE PRONOUNCED 22 19 79 Male Black DEAD 4 8 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED X Worcester County. WIDOWED Mary land USA D THE F PAGE 5 FILED, 301 We 126. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Ocean City Capitan Apartments -2, AND 3 TO 3. RETAIN PA 2 SHOULD BE F AL RECORDS, 3 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13. STREET ADDRESS 13c CITY OR TOWN 13a STATE 13b. COUNTY 205 Wicomica Ave., Ocean City Ocean City YES . NO X Md. 15. MOTHER'S MAIDEN NAME PAGES 1 AND 2 S 14. FATHER'S NAME FORM PM MIDDLE LAST MIDDLE LAST FIRST E. James Lewis Clara Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES NO ORUNKNOWN) I HE YES GIVE WAR OR DATES 215-12-0724 Frieda Guidry 1517 Lakeside Avenue No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH BURIAL-TRANSIT PERMIT.
AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20. AUTOPSY? 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? OF BURIAL, YES X NO 🗍 BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71r HOW IN ILIRY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 2) **DIVISION OF** HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM PRIOR THE PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORK STATE CITY OR TOWN COUNTY STREET, FACTORY, FARM, ETC.) STREET STATE 21201 PI 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 Material cooks X Undetermined monner Hamicide death resulted f TITLE (SPECIFY) M. Denuty Chiefedical Examiner SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 73c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Arbutus? Maryland Arbutus Mem. Pk. BP 24 F Burial CTOR **DHMH-17** (VR A15 ME (5)) Wm. C. March F.H./1101 E. North Avenue 15M 7/76



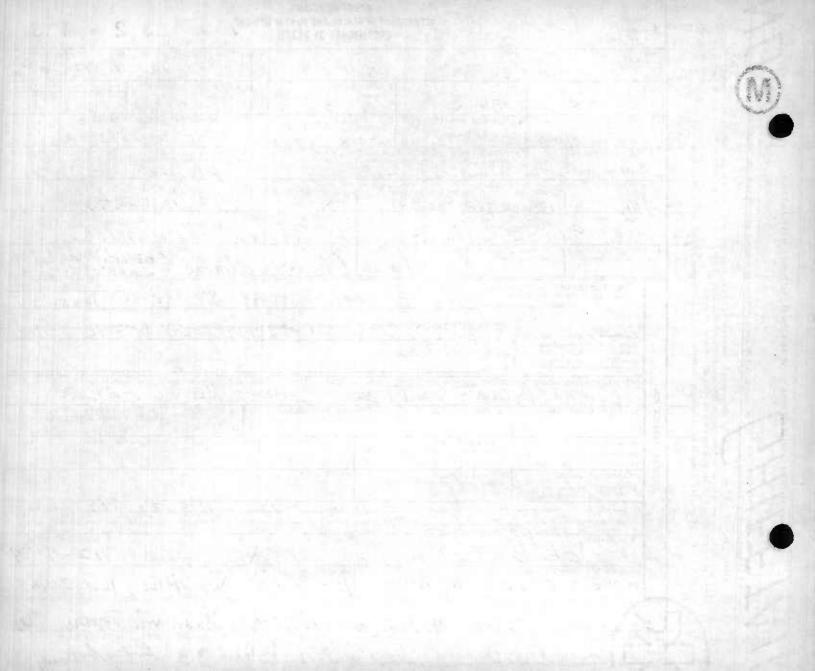
1	STATE OF MARYLAND	
1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	32012
(T	ECEASED NAME Hattie Mitelda McCabe 20. DATE KNOWN OF ESTI- DEATH MATED DEATH MATED DE	MONTH DAY YEAR 26 HOUR 12 9 19 79 54 M
3. SE	A RACE  DATE OF BIRTH  DAY  SO YEARS  DEST MICHOAN  BIRTHPLACE  STATE OF WHAT COUNTRY?  AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD  DEAD  9. BALTIMORE CITY C	12 9 19 79 10 Am
5	MARRIED NEVER MARRIED WOYCE	ster Co. MD
B	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) A FURNISHED. FYIENDS HIP RED. HOUSE WITH	PE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Home
130.	STATE Mod. 13b. COUNTY 13c CITY OR TOWN RFD 13d. INSIDE (ITY LIMITS? 13c STREET ADDRESS PER 11 NO FILE OF THE NEW PARTY OF TH	Rd.
I,	FATHER'S NAME PRILITHER Davis  Florence M.	Figas
	(YES, NO ORIVINNOWN) (IF YES, GIVE WAR OR DATES) 211-54 SO2; Bat.	Rt1, Box 92 Vewark, Md.
	18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	ano O
8	gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b) UNLOWN ON THE CONSEQUENCE OF	
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		PART 1 OR PART 2)
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	COUNTY STATE
2	AT WORK AT WORK	
	226. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , an death resulted from: Naty also uses . Acident , Suicide . Hamicide . Undetermined monner .	nd in my apinian
	ACTUAL SIGNATURE MEDICAL EXAMINER	DATE 14/13/19
-	EXAMINER'S NAME THOMAS L. JONES M.D. ADDRESS 112 Pearl St A	ow feel. ml.
23a.	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY BY OR TON BY OR TON RED	. Wor, Md.
24.	FUNERAL DIRECTOR  ADDRESS WILLIAMS T. Berlin ME C. 1 7 1979  ADDRESS WILLIAMS T. Berlin ME C. 1 7 1979	STORY SNAVUE
1	My Harroge 100 williamsol, helling the	- 111

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) 53 RILEG 12 MAMIE W 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH YEAR FEMALE BLACK 88 2 3 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY 4517 WORCESTER SALISBURY, MD WIDOWED A DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MD midwife BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 0 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME puo 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16h SOCIAL SECI 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF last. underlying cause SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F ento! Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IE EITHER NOTIFY MEDICAL EXAMINER 19 P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ò STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a. | certify that (I) (this hospital) attended the deceased from sow the deceased alive on NW and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL + be deto FUNERAL MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b + 0 21/ NAME OF CEMETERY 23a. BURIAL, CREMATION, REMOVAL 23b DATE DHMH-16 60M 1/73 (VR A 15 (4))

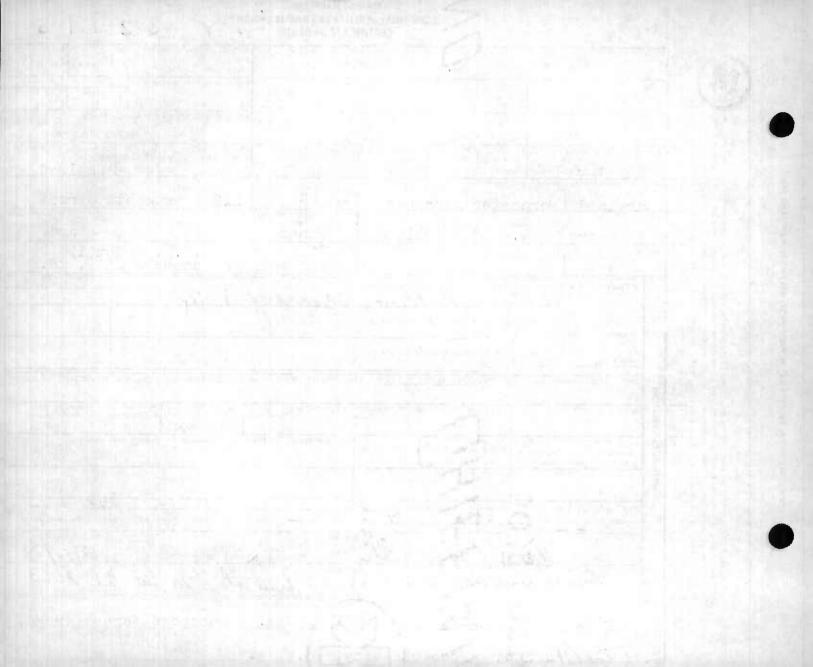
STATE OF MARYLAND



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	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.	
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3. S	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS. 21. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS AND PRONO	ATE MONTH DAY YEAR	R 2d, HOUR
1	Vale white 8-22-88 9/ yrs. MONTHS DAYS HOURS MIN PRONO DE,	DUNCED 12 - 6 1979	9 19
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13%	STATE 136. COUNTY 13c. CITY OR TOWN 1 1/ 13d. INSIDE CITY LIMITS? 13e. STREET ADD	RESS	
H	FAMTER'S NAME IS. MOTHER'S MAIDEN NAME		
	FIRST AND LAST FIRST	Perkins	
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	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I DEATH WAS CAUSED BY:	BETWEEN ON	SET AND DEATH
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	gove rise to immediate (b)	weare	
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1	SIGNATURE MEDICAL EX	AMINER SIGNED	
-	EXAMINER'S NAME THOMAS L. JONES M.D. 111 DOUBLE	SMAN ALD MV.	218/2
23-	(TYPE OR PRINT)ADDRESSA	Arison our, nex	7 (-0.5
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Pocomoke City.



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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORT TO FUNER AL DIRECTOR: F ATTER DEATH WITH THE S. BALTIMORE, MARYLAND 21	3	death resulted		f the remoins described above, hel	Suicide, Hamicide TITLE (SPECIFY)	Undetermined manner	and in my opinio	12/22/79			
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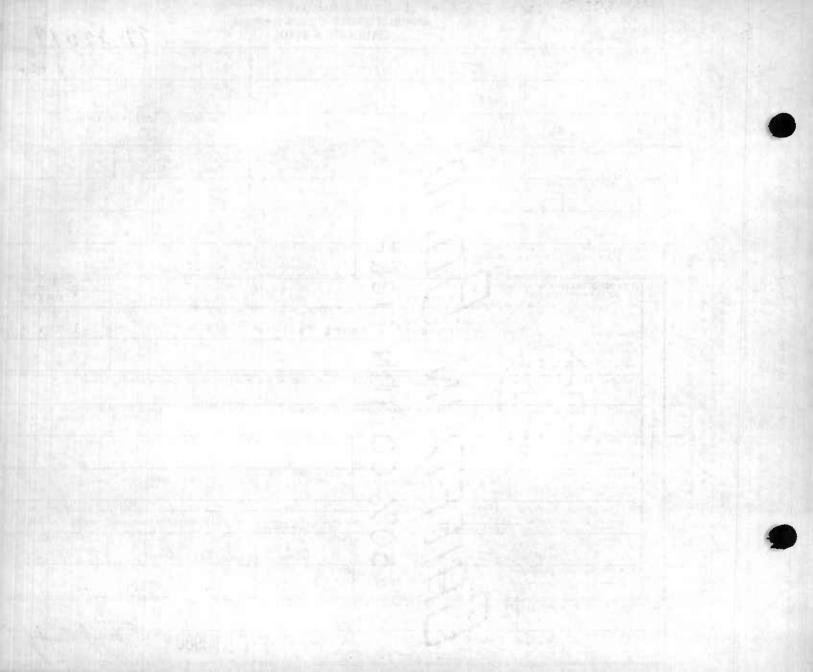
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BALTIMORE, cate be execut ysicion and coppers. Pages 1 vol.		(YES, NO OR HINKROWN) (IF YES, GIVE WAR OR OATES)	58.2654 CHARNES (	F. BERNSTEIN	#13
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VDIN Lor Use o Leofth		220. I certify that (th (this hospital) attended the decea	sed from 10/29 1972	, to 12/12, 19.	79, that it (we) lost
ATTENDIN Sapital or ECTOR: Af of for use of of for use of the of the of		sow the deceased alive on above, (1) (we) (did) (did not) view the body after de	19 9, and that in (my) (aur) opinion decepts.	oth occurred on the date and hour or	nd from the couses stated
OR be he boche oche Dep		22b. SIGNATURE		MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL need by the FUNERAL uld be detent the State		224 PHYSICHAN'S NAME (TYPE OR PRINT)	PHYSICIAN 226 ADDRESS	DIRECTOR PHYSICIAN	101.411
TO HOSPITA retoined by TO FUNERA should be de with the Stat		IV. DEIMHALL	FOREST DE	2 HUNARO	Lis MD
	330	HURIAL CREMATION, REMOVAL 218 DATE	23 NAME OF EMETERY OR CREMATORY	THY OR TOWN	AN KAL
BP	20	Overal Director	Cem.	RETITION HOLDS AND 256 REGISTRAN	9 SIGNATURE
DHMH - 16 50M 1/76 (VR A 15 (4) )	11	my III fayer dres	ADORE MUS POCES	T 0 101.9	

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8. 3	g.	FOR STATE REGISTRAR	ems 18a		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE	19	- 220	19
6	1. DE	CEASED NAME FIRST		MIDDLE		AST	REG.	NO.	DAY YEAR	2b. HOUR
2 (38)	{TYP	Emma Emma	E1	izabeth	Cri	tzer	Nove	ember 3	3,1979	6:45 P
ge 4 mg	3. SE	x Temale	4. RACE Whi	te	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN
death. Paginin 72 hou at once.	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	MC
offer of the full		ity or town of DEATH  Churchton	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  5621 Battie Drive  AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY  HEMBERS OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  134 INSIDE CITY LIMITS?  YES NO X  15 MOTHER'S MAIDEN NA			12a USUAL OCCUPATION 12b. KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			F BUSINESS OR	
AND 212 AND 212 y filled in should be er must be	13a	AL RESIDENCE (IF NURSING HOME OF				YES NO X	13e. STREET ADDRESS None			One .
	F	ichard  was deceased ever in u.s. ar	MIDDLE	Hayslip	DITY ALO	First  Mary  17. INFORMANT	Eliza	oeth	Hays1i	p
BALTIMORE, cate be executory system and coppers. Pages well, the medical			E WAR OR DATES)	229-03-8		Mrs. Louise		_	Items 10	0 & 11
RDS, 301 W. PRESTON ST., BAL equires that the death certificate is signed by the attending physical The please remove carbonopoper to burial, cremation, ar remaval. njury, or other fraumatic event, th	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2: OTHER SIGNIFICANT (	(b) DUE TO, O	PR AS A CONSEOU	ence of	eart failure	NINAL DISEASE OR CO	ONDITION GIV		yr. +
DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The law requir ottending physician. In this certificate heas been sign st the burial-transit pensu. Then th and Mental Hygiene prior to b	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
SICIAN: The ng physicio certificate Pronositional-transit mental Hygie frem 18 sha	ICAL CER	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, I	PART 1 OR PART 2)	
DIVISION O  On other this cert e as the burial of the ond Ment	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211, LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
OR ATTENDI The haspital or DIRECTOR: A ached for use Dept of Heal		220.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	1-1-1	10		, 19_od that in (my) (our) opinion Natiliral DEGREE ATTENDING PHYSICIAN		date and hou		
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT: I		Harvey Stanfi	eld, M.	2022		6146 Shadysi			, Md.	1 0
7 5 7 8 7		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 11/6/	79	St St	ephens	23d. LOCATION CITY OR TOWN Esmont	. Albe	county	Va.
DHMH-16 60M 1/73 (VR A 15 (4))		uneral director E. a. A nningham Funera	al Home,	Inc. Ale	on & .	Alfred Sts. ?	BT 1 1980	AR 256. REGIST	WITTER STATE	Deally



George J. Gonce 4001 Ritchie Hgwv

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4) 1/79

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STATE OF MARYLAND

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		DOMESTIC OF THE	CERTI	CAIL OI DEA		REG. NO.	· 24	02	2
	I DEC	CEASED NAME FIRST	N	AIDDLE	L	AST		20. DATE OF DEATH MONTH DA	AY YEAR	26 HOU	R
	(1116	MILLARI			LE	EWIS		DECEMBER 28, 1979	7	8:35	P
	3 SEX	•	4 RACE		5 DATE C		YEAR		F UNDER I YEAR		_
	MA	LE	WHITE		MAY :	19, 1916	YEAR	63 YRS.	ONTHS DAYS	MOURS	MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	X NEVER MARK	RIED	9 BALTIMORE CITY OR COUNTY			
5	MA	RYLAND	U.S.A.		WIDOWE			BALTIMORE COUNT	Y		ME
		TY OR TOWN OF DEATH	LIF NOT IN SUCI	HEACILITY GIVE STREET	ADDRESS)	R OTHER INSTITUT	ION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)		OF BUSINE	SSOR
3		RT HOWARD		EDICAL C				TRUCK DRIVER			
1	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	13c CITY OR TOW	/N_	13d. INSIDE CITY L	IMITS?	13e. STREET ADDRESS			
>	_	RYLAND		BALTIMO	RE	YES X NO		834 WELLINGTON S	STREET		
1	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MA FIRST	IDEN NAM	ME MIDDLE	U	AST	
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7	(Y		MED FORCES? WAR OR DATES]	166 SOCIAL SECT		17 INFORMANT		ADDRESS			
-	YE	S WW	II	218 05	9966_	CLIN. RC	DS. L	VAMC, FORT HOWARD			
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per							NIMATE INTER	
			E CAUSE (a)	BRONCHI	AL UB	STRUCTION	MITH	1 MUCUS - BILATER	4L 3 M	INUTE	.5
	37	476-	DUE TO, OF	R AS A CONSEQU							
G		Conditions, if any, which	(b)					CHRONIC RESPIRATOR	RY 3 M	UNTHS	)
		cause (a), stating the underlying cause last	DUE TO, OF	AS A CONSEQU	ENCE OF	INSUFFICI	ENCY	LARY DISEASE			
			(c)					NARY DISEASE			
	Z					NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART )	(0)	
$\dashv$	ATIC	ATHEROSCLEROT				N WAS PERFORME	D	20g AUTOPSY? 20b. IF YES,	WERE FIND	INGS USET	D.
	CERTIFICATION		,,,						ING CAUSE		IH?
-	ERT	21g. ACCIDENT WAS UNDERLYING	3 21b. TIME O		-	21c. HOW INJURY	OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	4	140	
1		OR CONTRIBUTING CAUSE OF DE	NI II	M. MONTH D							
	MEDICAL	21d INJURY OCCURRED	P.A.		19	2)f. LOCATION					
3	ME	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITY OR TOWN	COUNTY	ST	STAT
	38	22a I certify that (I) (this hospi	tal) attended the	e deceased from_	12/	3	9 79	1o12/281	9 79	,, that (I) (v	we) last
		sow the deceased alive on	12/2	8- 19		id that in (my) (aur	opinion o	death accurred on the date and hour	and from the	e couses sto	oted
		276 SIGNATURE	w the oddy	dyler deglin.		DEGREE	10000		22c. DAT	ESIGNED	
		150116	c for	ca-			NDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/	25/80	)
		22d. PHYSICIAN SNAME (TYPE O	RPRINT)	1370		22e ADDRESS					
		C.V.J. VERGHE	SE, M.D.			V.A.M.C.	FOR1	T HOWARD, MARYLAN	210	52	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREM	AATORY	23d. LOCATION CITY OR TOWN	COUNTY	STA	ATE
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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR STATE

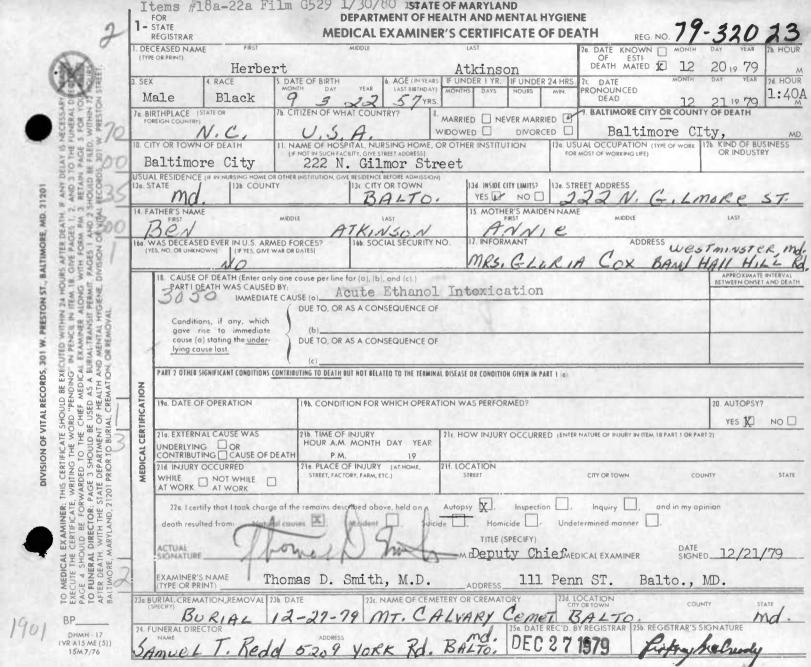
24 FUNERAL DIRECTOR
Paul E. Chenowith

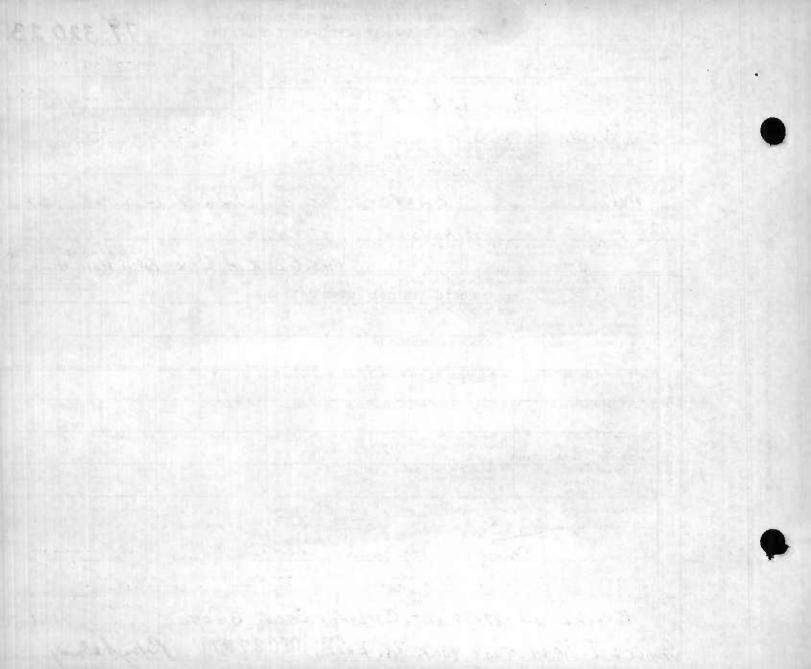
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		STATE OF MARYLAND		
FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		-32024
May	ARGARET MIDDLE	BARANOWSKI Barranowski	2a DATE OF DEATH MONTH	H-79 YEAR 26 HOUR
3. SEX FEMALE	WHITE	JAN. 3, 1901	79	IF UNDER 1 YEAR IF INDER 24 HRS. AONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTIMORE, MD.	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
10 CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSE WORK	12b. KIND OF BUSINESS OR INDUSTRY AT HOME.
MD.	DUNTY 13t. CITY OR TO	MORE 138 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3417 O DONNELI	ST.# 21224
FIRST	ZNANIAK LAST	15 MOTHER'S MAIDEN NA FIRST	WE	LAST
			SPOSAVAC RK: BALTO., 2	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (o), (b), o	D. Usa on	and Attent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4292		UENCE OF		
Conditions, if ony, which gove rise to immediate	(b)	eva		
underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF ASCUD		
	T CONDITIONS CONTRIBUTING TO		INAL DISEASE OR CONDITION GIVE	EN IN PART 11a
190 DATE OF OPERATION	196. CONDITION FOR WHICE		IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
OR COLUMN TO THE CALLER OF		DAY YEAR 21c. HOW INJURY OCCUR		
	21e PLACE OF INJURY	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a I certify that (1) (this ha	1.0 10-			19 2 4, that (1) (we) lost
obove. (I) (we) (did) (did	not view the body after death.	DEGREE		22c. DATE SIGNED
22d PHYSICIAN'S NAME (TYP	PE OR PRINT)	PHYSICIAN X	DIRECTOR PHYSICIAN	12-14-79
		100 011		spifal
(SPECIFY)	.4		CITY OR TOWN	COUNTY STATE
24 FUNERAL DIRECTOR	c 0 901S		FREC'D. BY REGISTRAR 256. REGISTE	RAR'S SIGNATURE
	REGISTRAR  1 DECEASED NAME (TYPE OR PRINT)  3. SEX  FEMALE  10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  BALTIMORE, MD.  10. CITY OR TOWN OF DEATH  SQLID (TYPE)  113b. CC  113b.	TO STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  FEMALE  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  BALTIMORE, MD.  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURS OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE (IF NOT INSUCH FACILITY, GIVE STREET FIRST OF STATE OF S	DEPARTMENT OF HEALTH AND MENTAL HYC REGISTRAR  DECEASED NAME (TYPE OR PAINT)  3. SEX  3. SEX  3. SEX  4. RACE  5. DATE OF BRITH  WHITE  JAN. 3, 1901  7. DATE OF BRITH  DOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (If INST INSCHEDE HEACH STORY)  13. STATE  13. CITY OR TOWN OF DEATH  13. COUNT OF TOWN OF DEATH  14. FATHER'S NAME  15. MOTHER IS MADE  16. THE STATE  17. DOSEPH POZNANIAK  18. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO DURNOWNOWN)  18. COUNTRIBUTION  18. CAUSE OF DEATH (Enter only one couse per line for IOL, Ib. and IC.  PARTI, DEATH WAS CAUSED BY  MEDITE COUSE IO. STORY WAS CAUSED BY  MEDITE CAUSE IO. DUE TO. OR AS A CONSEQUENCE OF  CONTRIBUTION TO POR WHICH OPERATION WAS PERFORMED  121. ACCIDENT WAS UNDERLYING  OR CONTRIBUTION TO CAUSE OF DEATH  IF PRINCE CAUSE IO. STORY WAS CAUSED BY  MINUS OF CURRED  AND WHILE  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTION TO CAUSE OF DEATH  IF PRINCE WAS UNDERLYING  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. NOW THE deceased dive on The WAS STREET ACTION, OFFICE FAMILY  211. LOCATION  STREET  212. NAME OF CEMETERY OR CREMAIN STREET  213. NAME OF CEMETERY OR CREMAIN STREET  214. ENDREAL DIRECTORY  BURIAL  215. NAME OF CEMETERY OR CREMAIN STREET  215. NAME OF CEMETERY OR CREMAIN STREET  216. NAME OF CEMETERY OR CREMAIN STREET  217. NAME OF CEMETERY OR CREMAIN STREET  218. EUNERAL DIRECTORY  219. CONNELING ST. 250 PM  219. CONNELING ST. 25	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  STATE CERTIFICATE OF DEATH  REGISTRAR  TO PECEASED NAME  TO PECEASED NAME TO PECASED NAME TO

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Witzke Funeral Home of Catonsville, P.A. 21228

FOR

24 FUNERAL DIRECTOR 103U

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

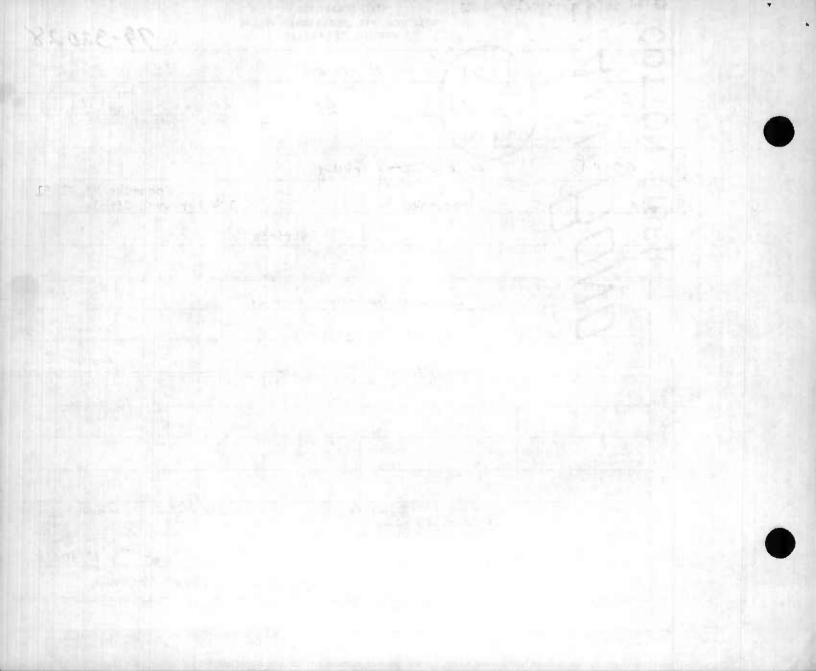
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STATE OF MARYLAND

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	ad	ded info g544	6/13/80 gj	S	TATE OF MARYLAND			
	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE REG. N	79-	32028
		CEASED NAME FIRST OR PRINT) FATR	ICIA B		HUFFMAN	20 DATE OF DEATH	MONTH DAY 12 30	YEAR 26 HOUR 79 10 20
	3 SE	F	4 RACE Whit		TE OF BIRTH ONTH DAY YEAR 2. 28 79	6 AGE (INYEARS LAST BIR . 2 days	THDAY) IF UNDE	DAYS HOURS N
Ot oace.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WH	MAI	RRIED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DE	ATH
Sted	10 C	Balls	11. NAME OF HOS	SPITAL NURSING HO	MEDINOTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		KIND OF BUSINESS DUSTRY
35	13a :	AL RESIDENCE (IF NURSING HOME STATE 13b CO	JNTY 13	E RESIDENCE BEFORE ADMISS CITY OR TOWN OCOMOKE	13d INSIDECITY LIMITS? YES NO	13e STREET ADDRESS 104 Berk	Pocomoke wych Circ	
exomine	14 F/	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN N. FRST Patric:	AME		LAST
medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 161	SOCIAL SECURITY N	O. 17 INFORMANT	ADDR	ESS	
roumotic event, the		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU: IMMEDI	SED BY ATE CAUSE (a)	Candiopuli S AGONSEOUENCE C	d	84	a	APPROXIMATE INTERVAL ACTIVE EN ONSET AND DE 20 min opnor 2da
		gove rise to immediate couse 101, stating the underlying couse last	(c)	S A CONSEQUENCE C	. 1	, MINAL DISEASE OR CON	DITION GIVEN IN I	ppnox. 2de
lows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIC	ON FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C	E FINDINGS USED CAUSES OF DEATH?
Item 18 sho		2) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINI	ENIN	MONTH DAY YE	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART T OR	PART 2)
morked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	2) e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TO	wn cou	JNTY STATE
them 21 is		27a. 1 certify that M (this has sow the deceased alive a above, (1) (we) (did) (did 27b. SIGNATURE	not) view the body oft	am 519 79	ond that in (my) (our) opinion  DEGREE		22	rom the couses stated
MPORTANT: #		22d. PHYSICIAN'S NAME (TYPE LUCY MALK			22e ADDRESS	MEDICAL STA	IAN	12/30/79.
IMPO	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME C	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	
776	24 F	UNERAL DIRECTOR	9	ADDRESS	24.61	BARE OF BY BOBBAR	25h RECULTIANE	SCHALORS ON



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) JAMES MCETWATNE 7:00 au 3 SEX 4 RACE 5 DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR MONTH YEAR HOURS MALE BLACK 06 To. BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH. MARRIED NEVER MARRIED COUNTRY NORTH CAROLINA BALTIMORE WIDOWED DIVORCED [ ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 125 XEND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE VAMC BALTIMORE. MARYLAND MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? MARYLAND BALTIMORE YES XT 1400 E MADISON ST. APT 503 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME Unkn MIDDLE TAST FIRST Unkn DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) IIWW 5615 YES 219 07 1800 E. Biddle St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART | DEATH WAS CAUSED BY Cardio-D IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Possible Conditions, if any, which gove rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF couse lost Chronic abstructive PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 0 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY orked STATE WHILE NOT WHILE AT WORK 220.1 certify that X (this hospital) attended the deceased from DECEMBER 18 DECEMBER sow the deceased alive on DECHMBER 23 and that in (N) (our) apinion death occurred on the date and hour and from the causes stated obove, (we) (did) ( coop t) view the body ofter deoth 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING + MEDICAL STAFF DIRECTOR PHYSICIAN FUNERAL PHYSICIAN [ PORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22 ADDRESS d b Loch Raven with STUART MIRVIS 0 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE COUNTY STATE 2/28/79 Chelthenham Vet Chelthenham Burial FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Wm C March F/H 1101 E. North Ave.

TELEST TO THE TOURS OF HARLY SCOOL TEE & BER EAST FIRST REPORTED

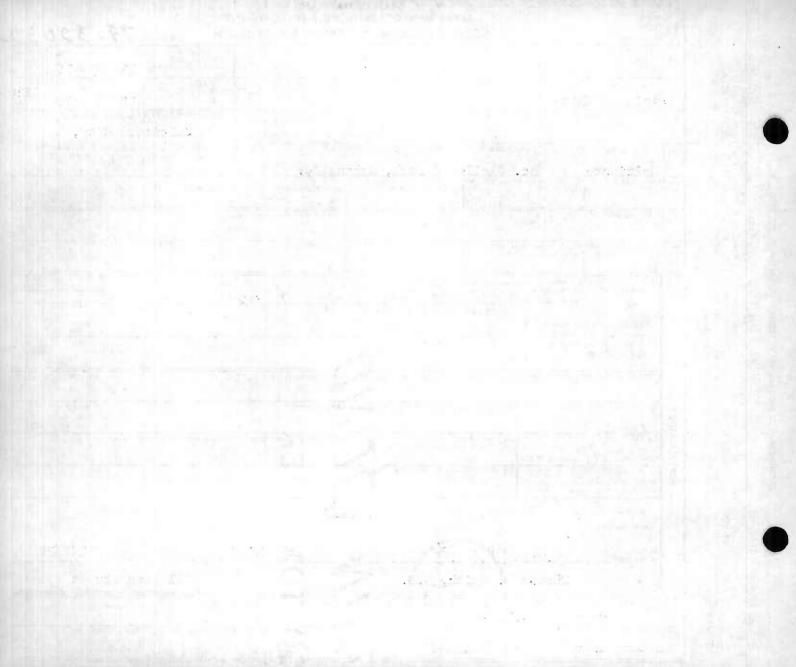
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Jane 12 22 2.30Am 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH YEAR 27 Th CITIZEN OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED DIVORCED No. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House Wife USUAL RESIDENCE LIF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS Patterson 13a STAT 113b COUNTY 13d INSIDE CITY LIMITS? Rathmore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ADKINS FIRST E. WORKMAN Henry Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

[YES, NO OR UNKNOWN) [15 YES, GIVE WAR OR DATES! 17 INFORMANT 0940 Thomas Robinson same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), [b], and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OF A CONSEQUENCE OF and Atterioschrotic Cardiovasail underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED ă IN CERTIFYING CAUSES OF DEATH? NOM YES T NO F ntol Hygie 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Mer 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK NI 220 I certify that (I) (this hospital) attended the deceased from sow the deceased olive on 12 - 22 - 19 sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter depth. 22b. SIGNATURE DEGREE 7% DATE SIGNED MEDICAL should be detained with the State D DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 22e ADDRESS . Hanover Street 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Glen Haven Mem Pk Glen Burnie, Md. A.A. Co. 24. FUNERAL DIRECTOR 25a. DATE REC'D. ADDRESS Balto 21225 DHMH - 16 50M 1/76 (VR A 15 (4)) George J. Gonce 4001 Ritchie Hgwy

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1.		TATE EGISTRAR			MED	CALE	ENT OF H	ER'S CE	ERTIFIC				REG.	NO. 7	9	320	3:
		ASED NAME OR PRINT)	E FIRST	Un	know	AIDDLE	19-7	5	AST			OF	KNOWN ESTI- MATED	□ MONT	b DAY	YEAR 19 7 9	Zb. HOU
	sex Fe	male	4 RACE White	5 DATE C	DF BIRTH DAY	YEAR 6	AGE (IN YEAR LAST BIRTHDAY YRS	Y) MONTHS	DAYS	IF UNDE	R 24 HRS.	2c. DATE PRONOUI DEAL	NCED	12	6	YEAR 1979	12 HOU
70	BIR FORE	HPLACE (ST	TAYE OR	76 CITIZE	EN OF WHA	TCOUNT		8. MARRIEI WIDOWE	D NE	ER MAR		9. BALTIA		orcou imore		DEATH	N
10		ORTOWN Baltim		(IF NOT	IN SUCH FACIL	ITY, GIVE STRE	ING HOME, EET ADDRESS)					JAL OCCU		TYPE OF WOR	12b KI	IND OF BUI	SINESS
		RESIDENCE	(IF IN NURSING HOME O	OR OTHER INST	TITUTION, GIVE		FORE ADMISSIO	N)	3d. INSIDE CI			EET ADDRI	SS			THE	
14	FAT	HER'S NAME		MIDDLE		ŁA	ST		5. MOTHE	R'S MAIL	EN NAME	٨	AIDDLE			LAST	
16	a. W/	AS DECEASEI , NO, OR UNKNO	D EVER IN U.S. AR.			16b. SOCIA	AL SECURITY	NO.	7. INFORA	ANT			ADDRE	SS			
		gave ris cause (a) lying cau	ns, if any, which se to immediate ) stating the <u>under- use last</u> .	סט	(b)	s a conse	EQUENCE O	F	DR CONOITION	I GIVEN IN I	'ART 1 (a).						
	Ĕŀ	19a. DATE OF	OPERATION	196	. CONDITIO	N FOR W	HICH OPERA	ATION WA	S PERFOR	MED?				_	20.	AUTOPSY?	_
	FICE															Lime	
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## STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1	STATE REGISTRAR			obi ANII	CERTIF	ICATE OF DEATH	O'LINE	REG. NO. 7	9-	32	03	3
	CEASED NAME	FIRST	,	MIDOLE	i	AST	2a. DATE OF I	DEATH MONTH	OAY	YEAR	26 HOUR	
(IIII)	CRPRINT	Anna		Grace	B	rookey	Dece	mber 2	2, 19	79	1:0	)5 <sub>M</sub>
3. SE	Х		4 RACE		5 DATE C		& AGE (IN YEA	RS LAST GIRTHDAY)		ERIYEAR	IF UNDER 2	
	Female		White		Nov	00 700/	83		MONTHS (RS	OAYS	HOURS	MIN.
7e. B	IRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	I DDIE	NEVER MARRIED	1 BALTIMOR	ECITY OR CO	UNTY OF D	HTA		
]	Marylar	nd	U.	S.A.	WIDOWE		Fre	derick	Cou	nty,		MD.
	rederi		(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET 10K NUR	ADDRESS)	Center Center	120. USUAL OF (TYPE OF WORK F Hous	CUPATION OR MOST OF WORK		KIND O DUSTRY	F BUSINES	SOR
13a. Ma	ary land	13b COU	other institution.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Freder	N	134 INSIDE CITY LIMITS? YES 🔼 NO 🗌		ast Ch	nurch	St	reet	
14 F/	ATHER'S NAME		MIDOLE	tast		15 MOTHER'S MAIDEN NA	AME	WIDDLE				
	Willi	Lam	MODIE	Grove		Éďith		WIDOLE	A	nger	rine	
	WAS DECEASED YES, NO OR UNKNOW NO		MED FORCES? E WAR OR DATES)	214-10-		1270. Fre	A. Br	ookey, Marv		P.(	). Bo	ХC
	IS CAUSE OF	DEATH (Enter or	nly one couse per	line for (a), (b), an	d ici.i		/			APPROXI	MATE INTERV	AL
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	PART 2 OTHER	LSIGNIFICANT		ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN	PART 1(c	1	
Z	1	):1	ate.	-0007	140							
CERTIFICATION	190 DATE OF O	PERATION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		IF YES, WER ERT IFY ING			
MEDICAL CER		AS UNDERLYING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITE	M 18 PART T OR	PART 2)		
ED.	21d INJURY OC	CURRED	21e PLACE	OF INJURY		211 LOCATION STREET	,	ITY OR TOWN	(0)	UNTY	STA	25
\$	AT WORK	AT WORK	(AT HOME, STR	EET, PACTORY, OFFICE, P	O .	3000					316	i e
				e deceased from	sen	19.60	to_D_0	20	, 19		that (I) (w	, -
	sow the de	eceosed plive on	#1 wiew the body	ofter death	70.00	id that in (my) (🖛) opinion	death occurred	on the date on	d hour and f	rom the	couses stat	ed
	274 SIGNATION	£	-01			DEGREE			2	c. DATE	SIGNED	
	He	non l	1. (h	ere V	n D	ATTENDING PHYSICIAN		STAFF PHYSICIAN [		Doc.	3.19	79
	276 PHYSICIAN	I'S NAME (TYPE C	PRINT)			22e ADDRESS					,	
	Dr. He	enry V.	Chase	. M.D.		804 Toll B	louse A	ve . Fr	eder	ick	Md.	

BP.

TO FUNERAL DIRECTO should be detached with the State Dept

MPORTANT

TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/78

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23¢ NAME OF CEMETERY OR CREMATORY Mt.Olivet Cemetery

234 LOCATION
CITY OR TOWN

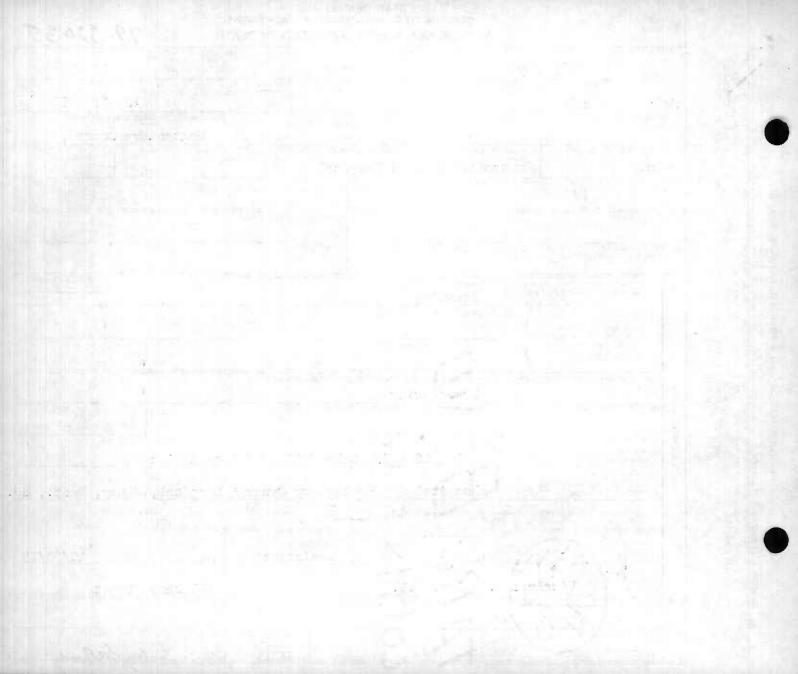
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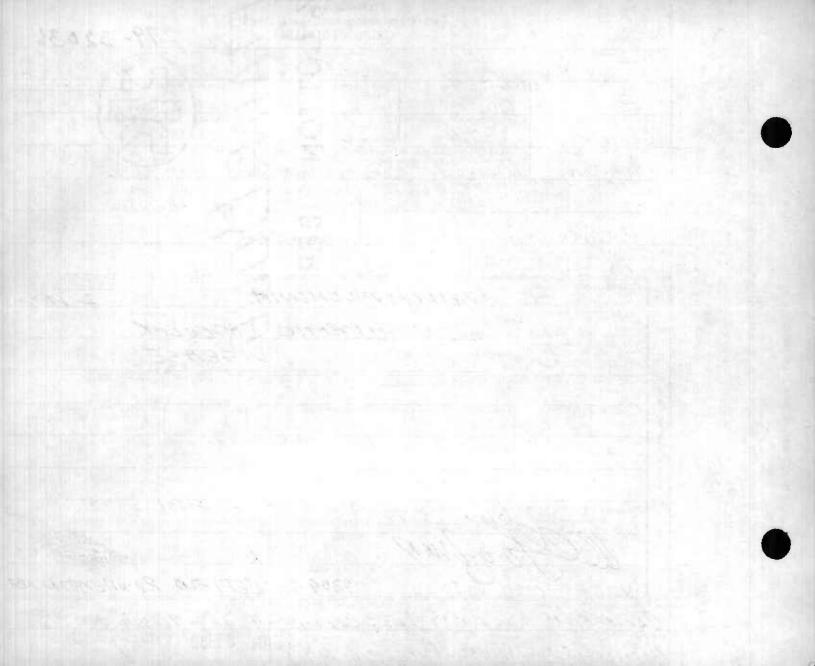
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			e to immedia		(b) DUE TO, OR	AS A CO		-									
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30	-	EXAMINER'S'	NAME Jam	les	Н. ге	aste	r, Jr	., 1	ADDRESS.	107	7 S.	2nd	. St	., 0	aklan	ıd,	Md.
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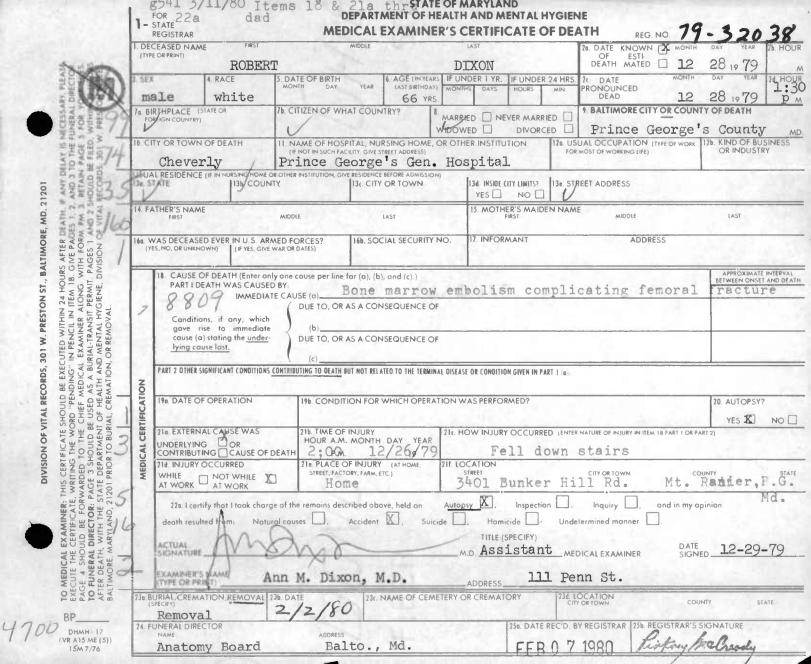
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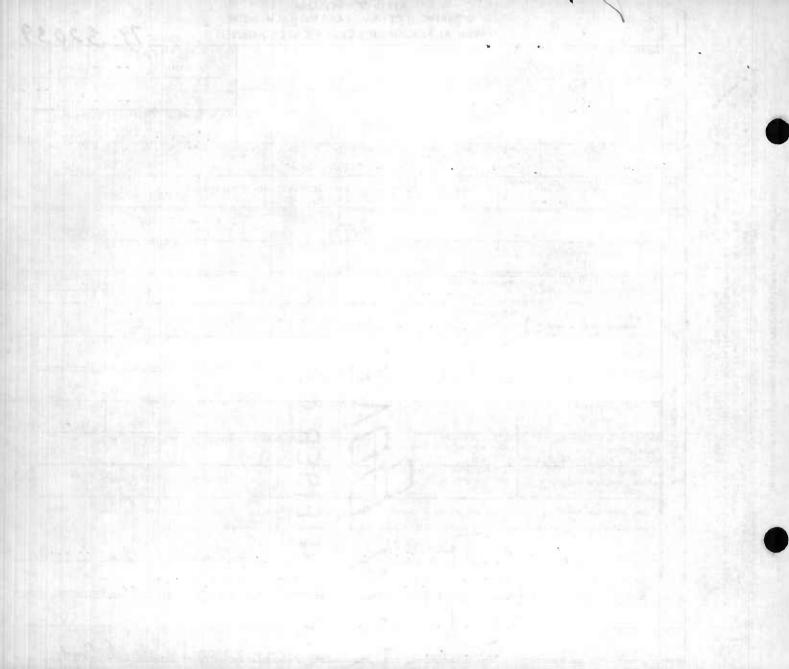
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	3 51	× /-	RACE	5 DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	
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or me	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	II LOCATION			
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		220. I certify that (1) (this hospita	all attended the deceased for	om 24/13	1075	12/29/	10 7 9	that (1) (we) last
		sow the deceased alive on_	12/29/	e 6	that in (my) (our) opinion d	eoth occurred on the date		,
		22h SIGNAMED (did) (airthuat)	yew the body after sleath.		GREE			ESIGNED
<u>=</u>		110000	to & MI	//	ATTENDING	MEDICAL STAFF		20 00
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¥-	230	BURIAL, CREMATION, REMOVAL		73, NAME OF CEN	METERY OR CREMATORY	123d. LOCATION	CIWITETT	100 10
	1	POYMATION	Dec 29, 1979	1 DIC	1	CITY OF TOWN	Sea COUNTY	WASH.
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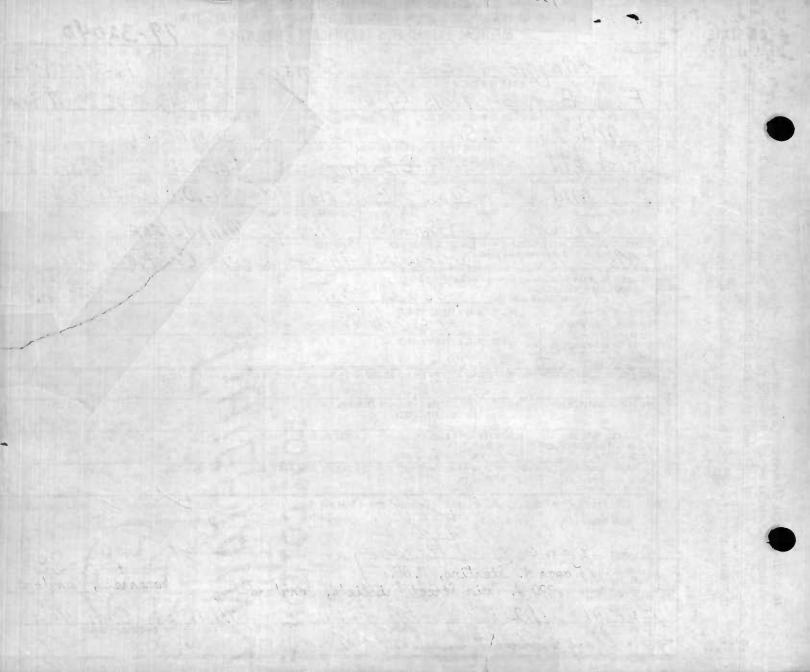


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNY (TYPE OR PRINT) ESTI-Baby Boy DEATH MATED Mover SEX 4 RACE IF UNDER 1 YR 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 11:26A Nov. 1. Male White DEAD YRS 1970 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Marvland DIVORCED WIDOWED Prince George's County IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION PAGE 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! RETAIN PA Cheverly Prince George's General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30. STATE 1136 POUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Curry Drive Harvland Adelphi YES TO NO [ SH ONVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 PA MIDDLE LAST MIDDLE AND LAST Deborah Jean Mover FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES! PAGES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fetal distress DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-TRANSIT HEALTH AND MENTAL HYC CREMATION, OR REMOVAL Canditians, if any, which Abruptio placenta gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A POF HEALTH A CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES TO NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE STATE C PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) ADDRES 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Removal 2/2/80 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS /R A15 ME (5)) Anatomy Board Balto., Md. 30M 7/73 7 1000

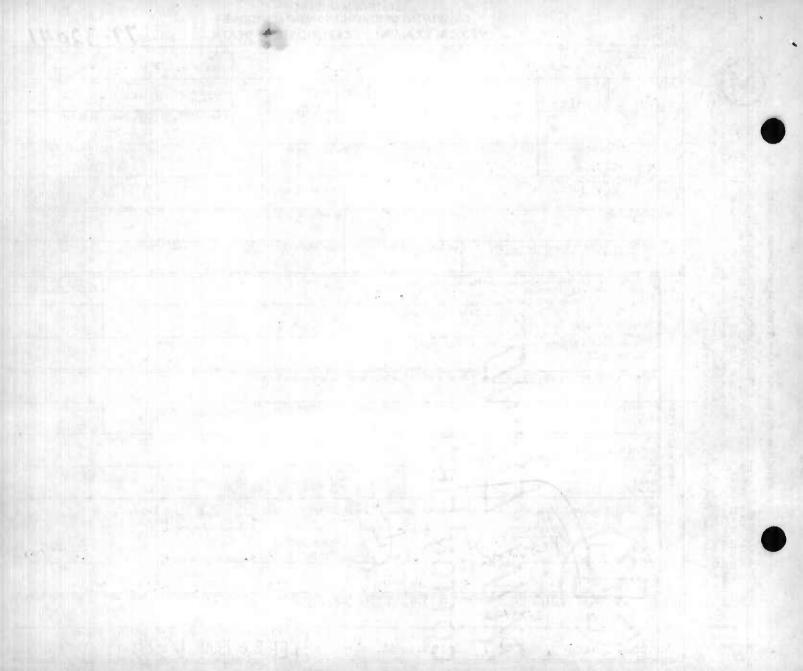


	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	alla
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19-320	740
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do	oy Yeor 2b. HOUR
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	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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hours Item 18 Office o	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
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hin 24 ncil in niner's poges houks	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, no problem of yes give war or dotes of service) 217-03-1484 Thomas Somers Cristield	MIL.
Example File	18 CANCE OF DEATH (Fater columns on line for (a) (b) and (a))	APPROXIMATE INTERVAL
ate cal in the interval in the in	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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vould word the Ch riol-tro	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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This certificate, writing be forword de used of or remavel,	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item	20. AUTOPSY?
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iner: The certific should be files.  3 should bottom or the certific should be files.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
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L EXAMINER: ecute the cert Poge 4 shoul or your files. R: Poge 3 shoul al, cremotian	WHILE NOT WHILE 1 toctory, office building, etc.}	
ICAL Percent of the p	220. I certify that I took charge of the remains described obave, held an Autapsy, Inspection, Inquiry,	and in my apinion
olease e. director. etained DIRECTO	death resulted from: Natural causes 🗗, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	
please e l director retained DIRECT ON TO BURECT ON TO BURECT	CHIEF MEDICAL EXAMINER	
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	24. FUNKBAL DIRECTOR 25b. REGISTRAR'S SIG	MATHER
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1 tem 11 8341 3/21/00 8 MARYLAND STATE DEPARTMENT OF HEALTH



1 05	STATE REGISTRAR			_	MENT OF						REG. NO	79	- 320	1
	CEASED NAME PE OR PRINT)	e FIRST Mi cha	7	WIDDIE			LAST			OF DEATH		MONTH	DAY YEA	R
3. SE	Male	4 RACE White	5. DATE OF BIRTH	YEAR	6 AGE (IN Y	ARS IF UN	tale DER 1 YR.	IF UNDE		RONOUNG DEAD		MONTH 12	19 19 79	79 AR
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	AL RESIDENCE TATE	(IF IN NURSING HOME)	OR OTHER INSTITUTION, G ITY		BEFORE ADMISS OR TOWN		13d. INSIDE	CITY LIMITS?	-	ET ADDRES	S			
14. F	ATHER'S NAME FIRST		MIDDLE		LAST		15. MOTH	ER'S MAII	DEN NAME	MID	DLE		LAST	
16a. V	VAS DECEASEE ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURI	Y NO.	17. INFOR	MANT			ADDRESS			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Pontine Hemorrhage									APPROXIM BETWEEN ON	ATE			
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ATTENDING PHYSICIAN

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	1-	STATE REGISTRAR		DET ART	CERTIF	ICATE OF DEATH	REG	G. NO. 79-	320	742
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	CERTIFICATION	190 DATE OF OPERATIO	N IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO.	IN CERTIFY	WERE FINDING CAUSES	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH D M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, PART	T) OR PART 2)	
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	٠	226. SIGNATURE	dive on (did not) view the body	19_				he date and hour o		
		27d PHYSICIAN'S NAME Edward Pey	ton Ritchir	ngs, M.D.		Deer's Head	Center,	Salisbury	, Md.	21801
	73a. B	urial, Cremation, REA	23b. DATE 12/5			emetery or crematory erans Cem.	23d. LOCATION CITY OF TOWN Beul		C.	Md.

DHMH-16 20M (VRA 15, 4) 7/78

should be detoched for use or with the Stote Dept. of Health TO FUNERAL DIRECTOR

IMPORTANT: #

Thomas Funeral Home

PQBox 348 Cambridge Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) CHARLES HENRY PAGE DEATH MATED SEX 4 RACE DATE OF BIRTH A. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED 11 Male White 10 65 YRS DEAD TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY West Virginia Wicomico U.S.A. 5 WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Salisbury retired clerk Head Center St. of Md. SHOULD BE USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e. STREET ADDRESS 6522 Walther Ave. 13a STATE Baltimore 13d. INSIDE CITY LIMITS? Md. YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE OF. VIT John Frank Page Rita Leona Lemons 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 146 SOCIAL SECURITY NO. 212-07-4359 Yes Dr. Charles Page, 801 Huntsman Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic Brain Syndrome vears IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF 60 lying couse lost, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO M 3 SHOULD BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR ASM MONTH, DAY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 Driver of vehicle involved in crash WEDICAL : LL SP.M CONTRIBUTING CAUSE OF DEATH Orig. with a bruck. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED highway 13. nr. Princess Anne, Som., Md. WHILE AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE S' BALTIMORE, MARYLAND, 21 Inquiry X 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion Accident X death resulted fram Hamicide Undetermined manner blotural causes TITLE (SPECIFY) ACTUAL DATE 1-23-80 Deputy MEDICAL EXAMINER EXAMINER'S NAME Harl L. Hoyer, M.D. Camden Ave., Salisbury, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE burial 12-26-79 Parkwood Cemetery Parkville Balto Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 1050 York Rd. **DHMH - 17** linkry Ma Cready (VR A15 ME (5)) Towson Funeral Home, Towson, Md. 30M 7/73

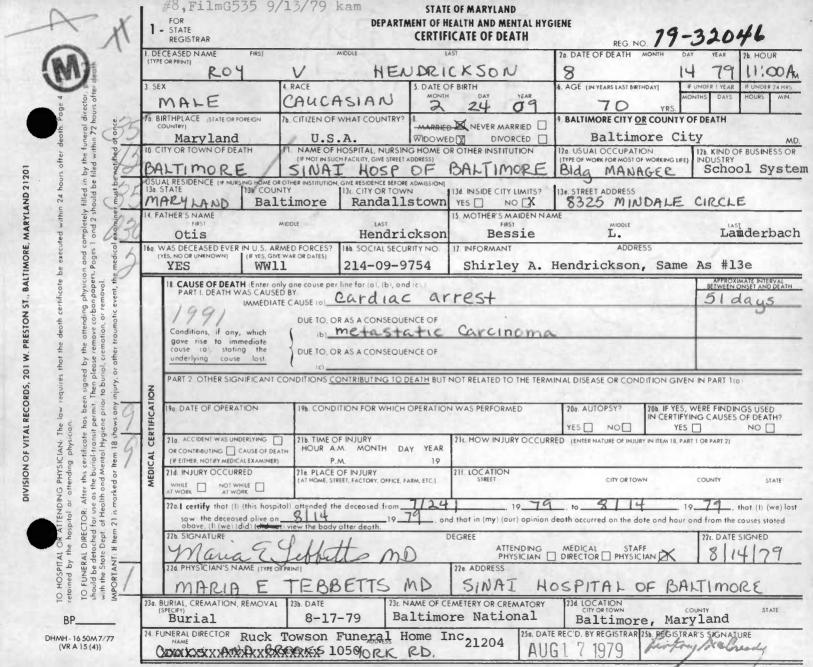
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sho	exa 15/	14 F/	Albert		MIDDLE	Johnson	n	15. MOTHER'S MAIDEN NA Hopie	ME	Jo	hnson's	ıT
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en signed by the attending phy hen please remove carbon pap r to burial, cremation, or remo	ny injury, or other traumatic e	NO	Conditions, if gave rise to cause (a), s underlying c	any, which immediate tating the ause last.	D BY: E CAUSE (a) M  DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQ Arterio R AS A CONSEQ ONTRIBUTING TO	al Info	arction Acute tic cardiovas			chro	onic
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Bb To share	¥		BURIAL, CREMATI SPECETY) Burial	ON, REMOVAL		23	Chest	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN Chest	er, Q.		STATE Md.
DHMH-16 2 (VRA 15, 4)		24 F	L. Dashi	ell, P.	0. Box 6	506, Eas	ton, M	d. FE	B 2 5 1980	256 REGISTR	AR'S SIGNAT	URE

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**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE **MEDICAL EXAMINER'S CERTIFICATE OF DEATH** REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Doyle Jack DEATH MATED 19 79 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 5. DATE OF BIRTH DATE 2d. HOUR DAY LAST BIRTHDAY PRONOUNCED 19 80 55 YRS DEAD Male White IN METHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH REIGN COUNTRY) MARRIED NEVER MARRIED DIVORCED Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! 1400 E. Patapsco Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 5 North Exeter St. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME IB. GIVE PAGES 1, WITH FORM PM II. PAGES 1 AND 2 DIVISION OF VITA MIDDLE LAST MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 430-28-5249 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Undetermined IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT F REMOVAL Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO X BUR 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection X 22a. I certify that I took charge of the remains described above, held on DIRECTOR: Autopsy death resulted from: Notural causes Accident Undetermined manner TITLE (SPECIFY) PAGE 4 SHULL TO FUNERAL D'AFTER DEATH, AFTER DEATH, ALTIMORE, M. ACTUAL Assistant 3/10/80 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 3/25/80 Removal BP. 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Balto., Md. Anatomy Board 15M 7/77

STATE OF MARYLAND



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MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified at ance

FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79	-	520	48
	-		STREET, SQUARE, SALES

	- STATE REGISTRAR		CERTIFI	CATE OF D	PEATH	REG. NO	79	- 320	48	
	DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LA	ST		20. DATE OF DEATH	HTMON	DAY YEAR	2b. HOUR	_
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3	I. SEX	4 RACE	5. DATE OF	F BIRTH DAY	YEAR	6. AGE (IN YEARS LAST BIRTH	(DAY)	MONTHS DAYS	IF UNDER 24 HR	
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7	a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER A	MARRIED [	9 BALTIMORE CITY O	COUNT	Y OF DEATH		
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C	city or town of DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Calvert Memoria	ET ADDRESS)		TITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			OF BUSINESS C	)R
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2	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOL  (b) ACCUSE  DUE TO, OR AS A CONSEOL  (c)  CONDITIONS CONTRIBUTING TO	UENCE OF  UENCE OF  DEATH BUT N	YOCAN	TO THE TERM		DITION GI	VEN IN PART 10	NGS USED S OF DEATH?	- 
hat						YES NO		ES 🗌	NO	_
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	226. SIGN 22d. PHYSICIAN'S NAME (TYPE O	Provided the body after death.	w	22. ADDRES		MEDICAL STAF  ▼ DIRECTOR  PHYSIC	F IAN []		24-79	
+	230. BURIAL, CREMATION, REMOVAL		NAME OF CE			123d LOCATION				=
	(SPECIFY) Burial		inetop			Pinetop	N.		A. STATE	
	24 FUNERAL DIRECTOR	1000000		T. 11	250. DATE	E REC'D. BY REGISTRAR				

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

Carlisle Funeral home, Fixe N. Carolina

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completely filled in by the funeral directors I and 2 shauld be filed within 72 hours af maer must be notified at once.

attending physician

certificate has been signed by the unal-transit permit. Then please rem

HOSPITAL OR ATTENDING PHYSICIAN: The

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

#### FOR - STATE REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

254 CLATERICO DE RECEINAR 251 REGISTRAR'S SIGNATUR

	ECEASED NAME	FIRST	M	IDDLE	U	AST		20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
(117	PE OR PRINT)	Norman		Allan	F	razier		November	5, 19	79	1:15 "
3 S	EX	1	RACE		5 DATE O			AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	male		black	E E track	Nov.	5	1979		YRS	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE	OR FOREIGN 7	6 CITIZEN OF V	VHAT COUNTRY?	8	NEVER M	ABBIED T	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
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9	Olney		Montgo	OSPITAL, NURSING FACILITY, GIVE STREET A THERY GENE	eral H			120 USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
130	Marylan	13b COUNT	gomery	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Germant	٧	13d INSIDE CI		130 STREET ADDRESS	teve	nson Dr	ive
14.1	Norman	A	ใช้an	Frazier			MAIDEN NAM Pryl	Denise		Hawkii	ns
	WAS DECEASED E			16b SOCIAL SECUR	RITY NO.	17 INFORMA	NT	ADD	RESS		
T	18 CAUSE OF D	EATH (Enter only TH WAS CAUSED	BY:	ine far (a), (b), and	espis	- In	Pilion			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
-	Conditions, if gave rise to cause a sunderlying	immediate stating the	(b)	AS A CONSEQUE	inter	- pre	) wable	@23 who	o gu	Letion	
NO	PART 2. OTHER	SIGNIFICANT CO	DNDITIONS CO	ntributing to D	EATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NDITION G	IVEN IN PART 1	0
CERTIFICATION	190 DATE OF OF	ERATION	196 CONDIT	ION FOR WHICH (	OPERATION	N WAS PERFOI	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED OF DEATH?
9		CAUSE OF DEAT	21b. TIME OF HOUR A.A P.A	MONTH DA	Y YEAR	21c. HOW IN.	JURY OCCURRE	D (ENTER NATURE OF IN.	IURY IN ITEM 18.	, PART I OR PART 2)	
MEDICAL	216 INJURY OC	OT WHILE AT WORK	21e PLACE C (AT HOME, STRE	DE INJURY ET, FACTORY, OFFICE, FA	RM, ETC.}	21f LOCATIO STREET	N	CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify the	ot (1) (this haspite	il) attended the	deceased from			. 19	to		, 19,	that (I) (we) last
	sow the de	ceosed alive on_	view the hady o	fter death	on	d that in (my)	our) opinion de	eoth occurred on the	date and ho	our and from the	couses stated
	776 SIGNATUR	) 7.	4.	mer deam.		DEGREE	TTENDING	MEDICAL ST	AFF	22c. DATE	SIGNED
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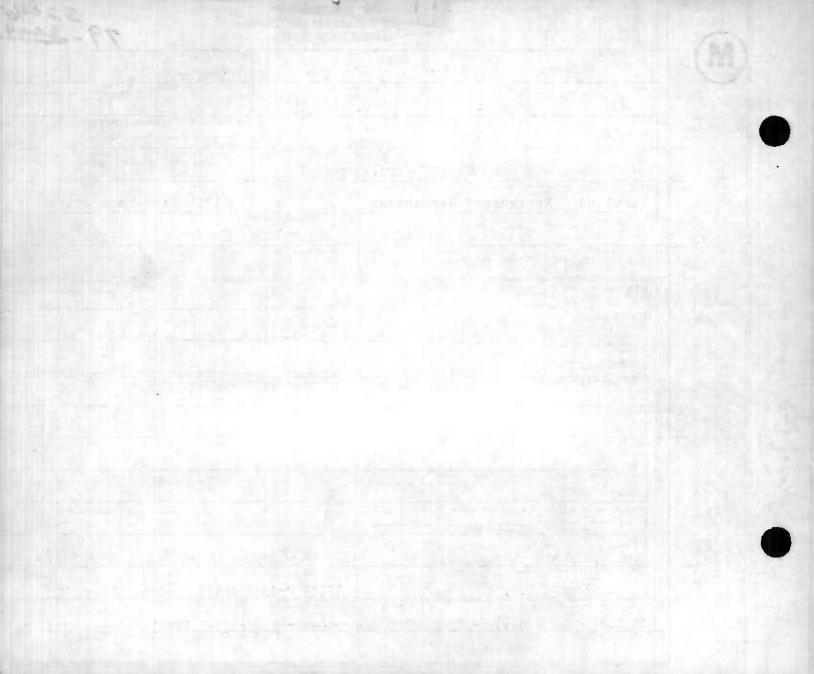
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BP. DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this etained by the hospital

(VR A 15 (4))

24 FUNERAL DIRECTOR



PRINCIPAL STREET, SAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

17 32658

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME FEMALE MC OUEEN 12-26-79 9:40AM 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYL IF UNDER LYEAR MONTH DAY YEAR OAYS ISTATE OR FOREIGN L CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARUIANA PRINCE GEORGE'S WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY PRINCE GEO. HOSP. & MED. CENTER 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ATHERS NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST DRA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if ony, which KKMAT gove rise to immediate couse to, stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER, NOTIFY MEDICAL EXAMINER PAA 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from, sow the deceased alive on obove, (I) (we) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF should be deto with the State I DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL STATE 3/26/80 Prince George's Hospital. Cheverly cremation 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15(4)) Raleigh Cline, Cheverly, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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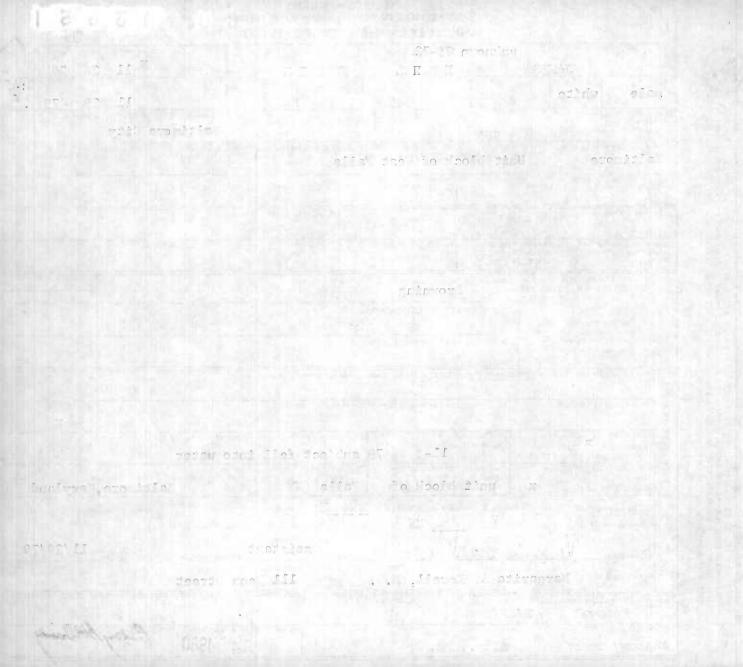
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR I. DECEASED NAME 20 DATE KNOWN MONTH YEAR 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Douglas Jestes 19 70 SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 1:30A DATE LAST BIRTHDAY) PRONOUNCED June 21,1962 17 1979 Male White DEAD TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX FOREIGN COUNTRY) Baltimore City, U.S.A DIVORCED Maryland 10. CITY OR TOWN OF DEATH 28 USUAL OCCUPATION (TYPE OF WORK 128, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore City University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3e STATE 113b. COUNTY 21229 YES X NO 1666 Brisbane Road Maryland Baltimore 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST R. Ciarpello Larry Jestes Rose 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FO (YES, NO. OR UNKNOWN) No 217-76-1436 Larry R. Jestes 666 Brisbane Rd. 21229 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt injury to head IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF PRIOR TO BURIAL, YES X NO BE 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2] 71b. TIME OF INJURY HOUR MANY MONTH DAY YEAR UNDERLYING XOR 1310 79 passenger in auto/fixed object collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE 1 street Hilton Pkwy N. of Edmondson Ave., BaltoCity,MD EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFIER DEATH, WITH THE ST
BALTIMORE, MARYLAND 213 Autopsy K 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Accident X Suicide L Homicide Undetermined monner death resulted from: Notural couses TITLE (SPECIFY) ACTUAL DATE 12/14/79 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan. M.D. 111 Penn St. Balto., MD. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 12-18-79 Crest Lawn Cemetery Marriottsville, Howard, Md. Buria1 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR **DHMH - 17** w Malready HUBBARD FUNERAL HOME 4107 Wilkens Ave. 21229 (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

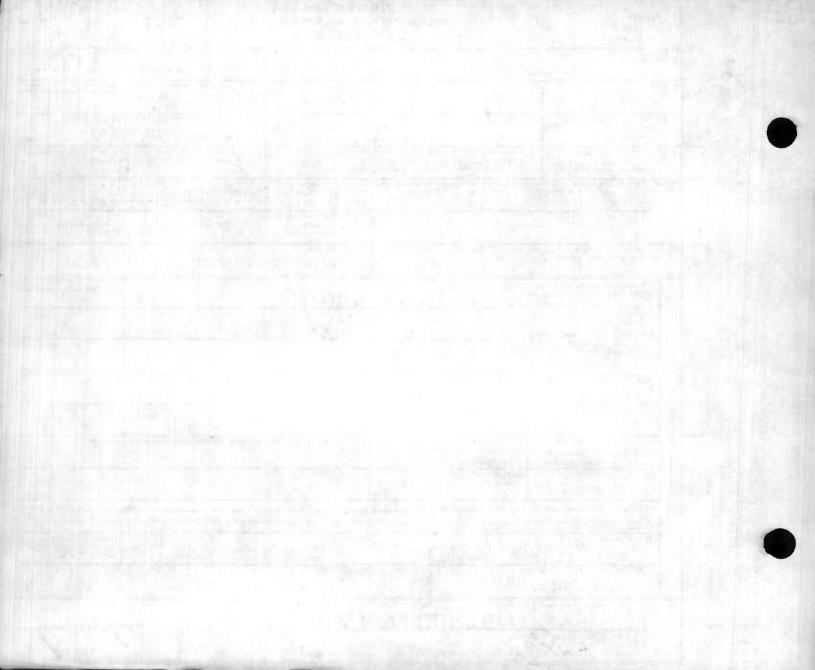
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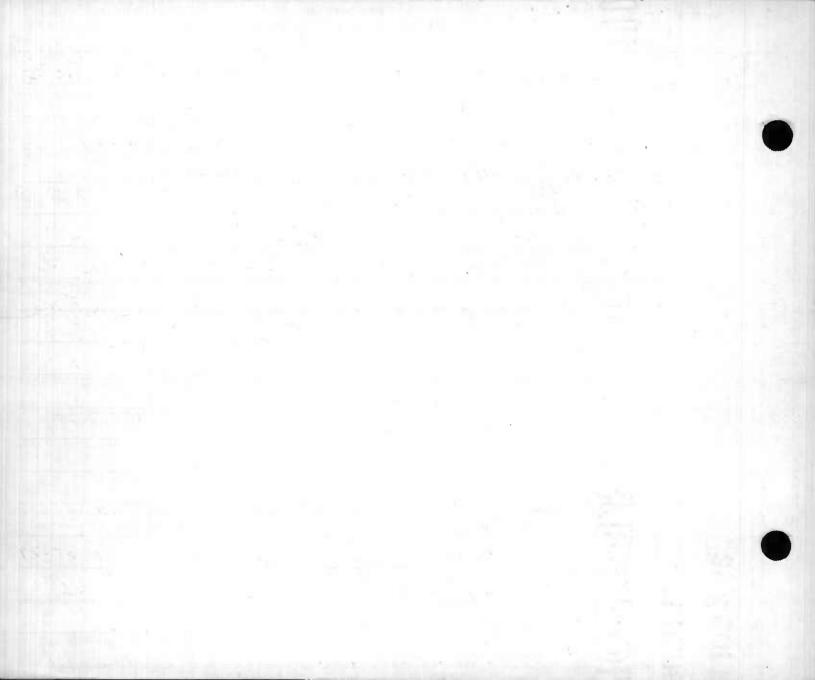
- STATE

(VRA 15, 4) 1/79

REGISTRAR



LAKEL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 30 19 79 IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 10 79 female white DEAD p TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's County DIVORCED [ D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) north of Pennsylvania Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 136. COUNTY 13c. CITY OR TOWN YES NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST WITH FORM 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) တ် BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. E USED AS A BURIA OF HEALTH AND A AL, CREMATION, OI PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO ENVERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, YES X NO [] 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR HOUR A.M. MONTH DAY Pedestrian struck by motor vehicle. MEDICAL 9-30-CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Prince George's Md. no. of Penn. Ave. read 22a. I certify that I toak charge of the remains described above, held an Inspection Inquiry and in my apinion Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-1-79 Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 5/28/80 Removal BP 250. DATE REC'D. BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 Anatomy Board ADDRESS (VR A15 ME (5)) Balto., Md. 15M 7/76

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		FOR STATE REGISTRAR EASED NAME FMST	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE  REG. NO.  126. DATE OF DEATH MO	9 32058				
'n	J	effrey NMN Deug	glwi11o	4	Man	10. 1979 8:42 m				
3	SEX		RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER LYEAR IF UNDER 24 HRS				
-		male	White	May 10, 1979	Newborn	YRS. Died finnediate				
35	BIR	THPLACE (STATE OR FOREIGN UNTRY) Maryland	U. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgome					
10	CIT	Takoma Pk.	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) entist Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W					
35	SUA le S1	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE IY I3c. CITY OR TOW Unting	N 136 INSIDE CITY LIMIT	400	ch Dr.				
The State of the s	FAI	Karl R. Beug	Willo LAST	Deborah	Anne Jenes	LAST				
The H	e W		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)							
NOTACING THE CONTROL OF THE CONTROL		Conditions, if any, which gave rise to immediate cause to, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DODITIONS CONTRIBUTING TO D		200 AUTOPSY? 2	106. IF YES, WERE FINDINGS USED				
100					YES NO	N CERTIFYING CAUSES OF DEATH?  YES NO NO				
rked or Item 18		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  P. M. 19  216. INJURY OCCURRED  216. PLACE OF INJURY  211. LOCATION		CURRED (ENTER NATURE OF INJURY IN	N ITEM 18, PART I OR PART 2]  COUNTY STATE					
Nar.		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC   SIREE!	CITYORIOWN	COUNIT STATE				
IMPORTANT: If Item 21 is a		saw the deceased alive an above, (1) (we) (did) (did nat 22b. SIGNATURE	to for	DEGREE  ATTENDIN PHYSICIA	nian death accurred an the date	and haur and fram the causes stated  270. DATE SIGNED				
MPORTAN		Dr. Douglas	Lord, M.D.	7676 New Langley	Hampshire Ave Park, Md. 207	83				
23	C]	JRIAL, CREMATION, REMOVAL PECHY) Cemation		rame of cemetery or cremators in standard ashing to a second contract of the c	ist Takoma	Park Montgomery M				
25M 1/79	FU	NERAL DIRECTOR  NAM Herb Shiroma	7600 Carrôlls A	- 1274.	DATE REC'D. BY REGISTRAR BI	HEGISTRAN'S SIGNATURE				

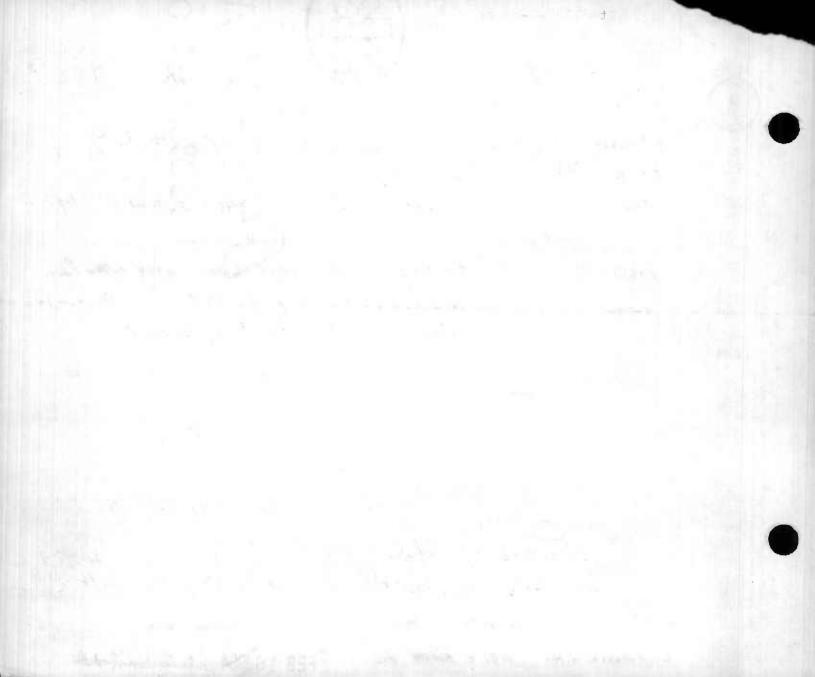
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STATE OF MARYLAND

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D	1-	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGIE ICATE OF DEATH	REG. NO.	9-32060
24	(TYPE	CEASED NAME RIST	t Sai	mple	Dec. R	9 79 815 PM
(A)	3. SE	M	4. RACE S. DATE C. MONTH.		AGE (IN YEARS LAST NIRTHDAY) YRS	MONTHS DAYS HOURS MIN.
110		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIEI WIDOWE	D L NEVER MARRIED L	BALTIMORE CITY OR COUNT	TY OF DEATH  OF DEATH  MD.
by the filled with	10 C	Balto, Md	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2409 Eutaw Place		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
filled in lould be f	USU/ 13e. S	AL RESIDENCE (IF AURSING HOME OR ITATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS	13d INSIDE CITY LIMITS?	3. STREET ADDRESS / ZIP CO	OE PISAPT B
	14. FA	THER'S NAME FIRST	MIDDIE LAST	15 MOTHER'S MAIDEN NAMI	E MIDDIE	LAST
s. Pages l		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIV UN KNOWN)	MED FORCES? 166 SOCIAL SECURITY NO. 215-09-8555	17 INFORMANT  MRS. ILEENE	ADDRESS CARTER 240	
equires mot the about certificate is signed by the attending physici then please remove carbon paper to buriol, cremotion, arremoval.	Z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	Dy one cause per line for (a), (b), only (c),	ulmonady metastatic	lung Cance	
os beer	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ding physicion is certificate h buriol-transit p Mental Hygier or fem 18 sha		21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA			D (ENTER NATURE OF INJURY IN ITEM 1)	8 PART   OR PART 2)
etter this is the bu	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Solution of the hospital of th		276. I certify that (I) (this hosping the Common of the Co	and Goldoli	DEGREE ATTENDING	eoth occurred on the date and h	our and from the couses stated  27c. DATE SIGNED  2/15/8 4
of Od # A		HOWA	RD Boltausky	3213 Wba	dually DR	Valto Mad
BP	)	BURIAL JCREMATION, REMOVAL	12-14-79 King	Memorial PK.	PAMINA (Stown	COUNTY STATE
AH - 16 50M 4/83 (VRA 15, 4)		n C MARCL 7. H.	1101 E. NORTH AVE.	250. DATE	REC'D. BY REGISTRAR 256. REGI	ISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	STS
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

MMORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical grammeer must be not the

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTII	FICATE OF DEATH	Red No	, 3	20	4	1		
		CEASED NAME	AME FIRST MIDDLE				LAST		2a DATE OF DEATH	MONTH D	DAY YEAR	R	26 HOUR	-
	(14bf	E OR PRINT)	Jack	Joh	nson	Gra	ant	23	July 23	19			AA.	
	3. SE2	Х		4. RACE			OF BIRTH	6	AGE (IN YEARS LAST BIRT	IF UNDER 1 YE		IF UNDER 24 F	iRS.	
1		Male		Blac	k	2/3	3/1911		68	YRS	AONTHS DA	15	HOURS	(IN)
1	7a. Bt	IRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	0 9	BALTIMORE CITY OF	COUNTY	OF DEATH	1		
2		/irginia		USA		WIDOW			Baltimore					MD
1	10. CI	ITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL, NURSING HO			OR OTHER INSTITUTION		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126 KIND OF BUSINESS OF		OR	
1		Dundalk			218 Walnut Avenue			I	Foreman Steel Steel					
4	13a. S	AL RESIDENCE IF NO	136 COU		136. CITY OR TOW				13e STREET ADDRESS / ZIP CODE			2/	nn	1
1		aryland	Ba.	Ltimore	Dundalk		YES NO X		218 Walnu	t Ave		4	and of	1
2	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAMI	E MIDDLE			LAST		
1		Samuel			Grant		Mary	€1	lla		ooper			
1		WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS				
	No				213-07-0	059	Doris Bell	Gr	cant, 218 W	alnut	Ave.			
		18 CAUSE OF DEA	ATH (Enter or	ly one couse per	line for (a), (b), one	dici					BETWE	EN OF	ATE INTERVAL	,î H
H		PART I DEATH WAS CAUSED BY  J G T MAMEDIATE CAUSE (0) Uremia								2days		s		
		DUE TO, OR AS A CONSEQUENCE OF												
1		Conditions, if ony, which ( (b) Emphysema								8	3 y	ears		
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
	10	underlying cou		Carcinoma Lung					2	2 y	ears			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									N IN PARI	10		=
	O													
1	CERTIFICATION	190 DATE OF OPERATION		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES,				
	TIF							YES NO YES				NG CAUSES OF DEATH?  NO □		
1	CER	21a ACCIDENT WAS L	_	110110 4		URY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOS					RT I OR PART	2)		
7	AL	OR CONTRIBUTING	_	1177	P.M. 19									
	MEDICAL	21d INJURY OCCL	JRRED		21e PLACE OF INJURY 21f LOCATIO						COUNTY		STATE	
	×	WHILE NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN										3,,,,		
		22a I certify that	(1) (this hospi	tol) ottended the	e deceased from 1	March	, 19_5	55	, to July 2	3	19_79		ot (I) (we)	lost
		sow the dece	ased alive on	July 2	2, 1979		nd that in (my) (our) opin	nion de	eoth occurred on the do	te and hour	and from	the co	ouses stoted	ł
		22b. SIGNATURE	1/3	0 01	0	4 1	DEGREE				22c. D/	ATE S	IGNED	0
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								7:	2	1-7	7	
		224 PHYSICIAN'S	276 PHYSICIAN'S NAME (14PE OR PRINT) 220 ADDRESS										1311	
		Wil	lliam	C. Wade,	M.D.		3005 Dungl	low	Rd., Dunda	lk,Md	. 212	22		
		BURIAL, CREMATION				IAME OF	EMETERY OR CREMATOR		23d LOCATION		COUNTY		STATE	
		irial		7/27/7	9 Ho	olly !	Hills Cem.	1	Baltimore	, Mar		l	IAIG	
	24 FL	UNERAL DIRECTOR			ADDRESS		25a	DATE	REC'D. BY REGISTRAR	56. REGISTA	RAR'S SIGN	UTAI	RE	
	T. a	aw Funera	Home	4611 P	ark Heigh	nts A	ve.	UL	- 2519791	Pinkne	ev Mc	Cre	eadv	

July 1977 284-4836 Fellow 1 July - M. D. C. C. L. C.

	-	FOR 1 - STATE	DEPART	STATE OF MARYLA MENT OF HEALTH AND A		IE	79-3-	22/2				
		REGISTRAR		CERTIFICATE OF D	DEATH	REG. NO.	11 20	1000				
		DECEASED NAME FIRST	MODIE	- LAST	70		NIH DAY YEAR	76. HOUR				
Be eoth		KAYMON	0	F18/05		January.	25 19	10 Xm				
kam kam poge 3	2	SEX /	RACE	5. DATE OF BIRTH	YEAR 6 A	AGE (IN YEARS TAST BIRTHO						
Page 4 may be / 90 kam director, page 3 hours after death		Male	White	12 19	12	66	YRS MONTHS DAYS	HOURS MIN				
Pog Agrand	10		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M.	400KD   1 8	ALTIMORE CITY OR						
ter deoth 4/17 re funeral within 72	5/L	N. 2.	USA	WIDOWED DIN	ORCED		GOMPEN	/ MD				
- 001 - 0	10	CANTHERS BURG	1. NAME OF HOSPITAL, NURSING			USUAL OCCUPATION ME OF WORK FOR MOST OF W	ORKING LEED INDUSTRY	OF BUSINESS OR				
1201 Durs of 562 in by	J.	WAL HESIDENCE IN NURSING HOREORD	THE B INSTITUTION, GIVE BESIDENCE BEFORE	ADMISSION!		11	# O OAVS	DADE D				
	1)	md mon	tamy GAITherst		NO [	STREET ADDRESS		THE TA				
Mrthir Withir F i ] lettely d 2 sh		FATHER'S NAME	DOLE TAST		MAIDEN NAME	WIDDIE	. 14	S.				
E, MA	L CAN	ISAAC -	- Feingo	18 Be		Pe	levare	R				
MORE, MARY E executed with Typica E in and complete Pages 4 and 2	144	WAS DECEASED EVER IN U.S. ARMI	AR OR DATES)	17 NO. 17 INFORMAN		ADDRESS	AKShan	PI				
All Pool	the state of the s	No	213-38-3	010 010	036		TIMBE	2/4				
DVR physicia		PART I DEATH WAS CAUSED	PART I DEATH WAS CAUSED BY:  PART I DEATH WAS CAUSED BY:  PART I DEATH WAS CAUSED BY:									
Certification of physical phys		IMMEDIATE CAUSE 10) Maia Statue Carcinomas 17 ma										
No din Corbin		1564 DUE TO, OR AS A CONSEQUENCE OF										
the deat OSt. The otten		Conditions, if any, which (b) Car cerearis Colore										
W. PRE		couse 10.), stoling the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.										
201 s the	5	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
DS, Turner agent and a sign ben po but o b	2		-74		O THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART II	<b>5</b> 1				
ow req Or Deen		ITE DATE OF OPERATION	196 CONDITION FOR WHICH C	APPRATION WAS DEPENDE	4450	0e AUTOPSY? 120	DE IF YES, WERE FIND IT	ICE HEED				
iow i	CERTIFICATION	1000	11.	1.0		Ш	CERTIFYING CAUSES	OF DEATH?				
NN: The lo hysicion. icote hos rionsit per	E	210 ACS DENT WAS UNDERLYING	211. TIME OF INJURY	COTON		ES NO	YES 🗌	но 🗆				
PF VIII	No.	DO COLITAINE CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR	UKT OCCORRED	IENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)					
HYSICIA Iding ph Iding ph Duright Mental	MEDICAL	(# EITHER, HOTEY MEDICAL EXAMINES)	P.M.	19 ·	J							
IVISION Offending ser this ser this and Mandad	WE	WHILE NOT WHILE O	EAT HOME, STREET, FACTORY, OFFICE, FAI	M, ETC.) ZII LOCATION		CITY OR TOWN	COUNTY	STATE				
00 400	Ē	22s I certify that (I) (the heaptral		1-1-	19 1929	10 /-2	3 19.79	that (I) (we) last				
TTE PORT OF 100 PO		obove [li]wei]did) (did not)	1- 23 19 7	9, and that in (my) (a	our) opinion death	occurred on the date	and hour and from the	couses stated				
DR ho		IN SIGNATORE -	711. 0	DEGREE		/	- ZZLDATE	SIGNED				
Al The deto		allow 1	Claim I Kay MR MD ATTENDING MOTICAL STAFF 1-25-79									
HOSPITAL ined by the FUNERAL uld be deter on the Store		124 PHYSICIAN'S NAME LITTE OF PE	INTI	220 ADDRESS	1145-	19th 5	t. NW					
		Alvin I.	KAY MO	N	VASI	V. DC	2003	6				
Of of other	1)a	BURIAL CREMATION, REMOVAL	236. DATE # 23c NA	ME OF CEMETERY OR CRE	EMATORY 1	Id. LOCATION						
BP		Burial	1-28-79 Kin	g David		Falls Chur	chVa	STATE				
DHMH - 16 50M 1/8	24	FUNERAL DIRECTOR	11.70 Ro	ckville Pike			REGISTRAR'S SIGNATI	Al carlo				
(VRA 15, 4)		anzansky-Goldberg			-	0 2 101 3	/					
	-			THE TANKS				,				

